## COUNTY OF LOS ANGELES DEPARTMENT OF MENTAL HEALTH QUALITY, OUTCOMES, AND TRAINING DIVISION STUDENT PROFESSIONAL DEVELOPMENT PROGRAM (SPDP) NOTICE OF STUDENT PLACEMENT (FY20XX-20XX)

Listed below are the names of students, contact information, email addresses, discipline, expected year of graduation, DMH agency, and DMH supervisor which has agreed to accept these students:

Last Name	First Name	Mailing Address	City	Zip	Phone Number	E-mail	Discipline	Grad Yr	DMH Agency	Supervisor
	1									
	1									
Unless otherwise indicated, all students will start their placement on: (month/day/year)  and complete their placements on: (month/day/year)										
				1			7			
Students will be expected to be at their placement:  hours per week, for  weeks										
Check one:	A	Academic Year	Semester	√Quarter □	Adv	vanced Standing $\Box$				
			1	_			1	_		
Academic	: Institution:		Field Pla	acement Repre	esentative:		]	Date:		
Please note: Students may NOT begin their placement within directly operated DMH agencies until authorized by Training and processed through HR.										
Email comp	pleted form to DI	MH Training Division c/o:	Luis Escalante,		dmh.lacounty.gov					

Jeff Gorsuch, Jgorsuch@dmh.lacounty.gov AND Laura Reid, LReid@dmh.lacounty.gov